

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ = Through numerals
 Rejected N
 Allowed I
 Canceled A
 Restricted G
 Not-elected
 Interference
 Appeal
 Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|------|-------|------|-------|------|
| 1 | | 51 | | 101 | |
| 2 | | 52 | | 102 | |
| 3 | | 53 | | 103 | |
| 4 | | 54 | | 104 | |
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| 9 | | 59 | | 109 | |
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| 50 | | 100 | | 150 | |

If more than 150 claims or 10 actions
staple additional sheet here